EXHIBIT C

FORM B10 (Official Form 10) (10/05)

PORM BIO (Official Point 10) (10/05)					
United States Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR				
NOTE: This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expense arising after the commencement y be filed pursuant to 11 USC. § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Al-Awar Living Trust Dated 04/05/01	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.				
Adib M. Al-Awar & Ellen A. Al-Awar, Trustee Name and address where notices should be sent Adib M. Al-Awar & Ellen A. Al-Awar	Check box if you have never received any notices from the bankruptcy court in this				
1330 Burro Court Gardnerville, Nevada 89410 Telephone number 775-783-8390	case Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed of	claim dated			
1 Rasis for Claim Goods sold Services performed X Money loaned Personal injury/wrongful death	Retiree benefits as defined in 11 Wages salaries, and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) res performed			
Taxes See Exhibit A	(date)	(date)			
2. Date debt was incurred March 1, 2005	3. If court judgment, date obtained				
4 Classification of Claims. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claims \$ 1,807,956.81 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* carned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Real Estate Motor Vehicle Other—Value of Collateral \$ Unknown Amount of arrearage and other charges at time case filed included in secured claim if any \$23,632.93 Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U S C \$ 507(a)(1) Taxes or penalties owed to governmental units - 11 U S C \$ 507(a)(6) Other - Specify applicable paragraph of 11 U S C \$ 507(a)(6) Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5) Total Amount of Claim at Time Case Filed \$1,807,956.81 \$1,807,956 81 \$1,					
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		USA CMC 1072502366			

Case 06-10725-gwz Doc 8493-3 Entered 06/17/11 17:52:07 Page 3 of 12 FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Distri	ст о	F Nevad	a	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Nu	nber 0	6-10725	-LBR	RECEIVED AND FILE
NOTE This form should not be used to make a claim for an adminis				commencement	STATE AND THE
of the case. A request for payment of an administrative expense ma	y be filed pur	suant to	IIUSC	§ 503	
Name of Creditor (The person or other entity to whom the dubtor owes money or property). A Cindy G Brines Revocable Family Trust U/A Dated 11/5/94 C/O Michael R. Brines & Cindy G. Brines. TTEE Name and address where notices should be sent Michael R Brines 4935 El Sereno Avenue	else has your cli giving j Check i notices case	filed a arm A particul pox if y from the	a proof of c ttach copy ars you have no he bankrup	are that anyone ilaim relating to of statement ever received anyotcy court in this differs from the	
La Crescenta, Ca 91214-3018 Telephone number (818) 249-4344	address the cou		envelope s	sent to you by	This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor		nere	replaces	a previously fi	iled claim dated 12/07/06
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A] Wa Las Un	ges saları st four dig paid comp	es and compen its of your SS # pensation for se	sation (fill out below) rvices performed to
2. Date debt was incurred 03/04/03	3. 1	f cour	t judgmen	it, date obtaine	:d
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 385,559 79 Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankrupicy petition or cessation of the debte	claim or ione or hich is	Amount to \$2, service 507(a)(check this too setoff) Grief Description Real Est Value of Country It claim if it 225* of description (7) penalties of	pox if your claim intro of Collate tate Moto bilateral \$ U age and other ch any \$ 5,829 cposits toward p onal family or h	eral r Vehicle Other nknown arges at time case filed included in
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - !! U.S.C. § 507(a)	,				V1/07 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		35,559		35.559.79	\$385,559 79 (Pagetty) (Taget)
Check this box if claim includes interest or other charges in add interest or additional charges.					(priority) (Total) ach itemized statement of all
6. Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are volur 8. Date-Stamped Copy To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attor 01/08/07 Michael B. Brines, Trustee and Cindy Michael B. Brines Trustee A. Brines Trustee and Cindy Michael B. Brines Trustee A. Brines Trustee A. Brines	nts, such as ports court judge DORIGINAL innous, attaching of your classes creditor or ney, if any)	DOC a sum aim, er	sory notes, s, mortgage CUMENTS amary nclose a sta	purchase es security is lif the amped, self- horized to	THIS SPACE IS HOW COURT USE ONLY

EORM 810 (Official Form 10) (10/05)

United States Bankrupicy Court	Dis	RICT OF NEVADA		SDOOL OF CLAIM	
Name of Debtor U.S.A. Commercial Mortgage Co.	Case (Tallied)			PROOF OF CLAIM	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the dibtor owns money or property) Robert Carollo & Beverley Carollo, husband & wife, as joint tenants with right of survivorship	eise your givii	ck box if you are aware that has filed a proof of claim re claim Attach copy of state ag particulars	elating to tement		
Name and address where notices should be sent Beverley Carollo	notic case	ck box if you have never re- tes from the bankruptcy co	urt in this		
c/o Morse & Mowbray 300 South Fourth Street, Suite 1400 Las Vegas, NV 89101 Telephone number 702 384.6340	addr the	ck box if the address differs ess on the envelope sent to court.		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor Fiesta Stonebridge Harbor Georgetown		ck here	viously filed	i claım dated	
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes		Retiree benefits as c Wages, salartes, and Last four digits of y Unpaid compensati from	d compensativour SS # on for serviceto	ion (fill out below)	
□ Other	10			(date)	
2 Date debt was incurred 2004 and 2005	3.	If court judgment, dat N/A	e obtained		
4. Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$	or claim, or none or which is	Secured Claim Check this box if a right of setoff) Brief Description Real Estate Value of Collaters Amount of arrearage an secured claim, if any	of Collateral Motor V al \$ Unk d other charg Unknown	secured by collateral (including /ehicle	
(a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debibusiness whichever is earlier	in 180 🗆 tor's *Ai	Taxes or penalties owed to Other - Specify applicable nounts are subject to adjus	e paragraph o	ttal units - 11 USC § 507(a)(8) of II USC § 507(a)() /07 and every 3 years thereafter r after the date of adjustment	
Contributions to an employee benefit plan - ! 1 U S C \(\) 507(a Total Amount of Claim at Time Case Filed.	a)(5)	100,00		\$100,000+	
5 Total Amount of Claim at Time Case Filed. (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to fire this claim (attach copy of power of attorney, if any) USA CMC					
Christopher H. Byrd, Esq /Morse of Penulty for presenting translational Claim Fine of Up to \$500,000 of			-4 181164		

Case 06-10725-gwz Doc 8493-3 Entered 06/17/11 17:52:07 Page 5 of 12 FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada PROOF OF CLAIM Name of Debtor Case Number USA Capital Mortgage Company, Inc E-Filed 8-9-06 BK-S-06-10725-LBR NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 USC § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone debtor owes money or property) else has filed a proof of claim relating to JAMES CORISON your claim Attach copy of statement giving particulars Name and address where notices should be sent Check box if you have never received any JAMES CORISON notices from the bankruptcy court in this PO BOX 21214 **RIVERSIDE, CALIFORNIA 92516** Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number the court Check here replaces Last four digits of account or other number by which creditor identifies debtor if this claim amends a previously filed claim, dated **Basis for Claim** Retiree benefits as defined in 11 USC § 1114(a) Goods sold Wages, salaries, and compensation (fill out below) Services performed Last four digits of your SS# Money loaned Unpaid compensation for services performed Personal mjury/wrongful death (date) Other 2 Date debt was incurred 11/24/2003 If court judgment, date obtained Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or a right of setoff)b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral **Unsecured Priority Claim** Real Estate Motor Vehicle Other Value of Collateral \$ 1,023,000 00 Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in Amount entitled to priority \$ secured claim, if any \$ Specify the priority of the claim. Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U S C Domestic support obligations under 11 U S C § 507(a)(I)(A) or § 507(a)(7) (a)(1)(B)Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Wages, salaries, or commissions (up to \$10,000),* earned within 180 Other - Specify applicable paragraph of 11 U S C § 507(a) days before filing of the bankruptcy petition or cessation of the debtor's *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter business, whichever is earlier - 11 U S C § 507(a)(4) with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U S C § 507(a)(5) 5 Total Amount of Claim at Time Case Filed S 1,023,000 00 1,023,000 00 (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of 6 THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase 7 orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security Filed date agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8/9/06

8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

addressed envelope and copy of this proof of claim

Sign and print the name and title, if any, of the creditor or other person authorized to file his claim (attach copy of power of attorney, if any)

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 USC §§ 152 and 3571

1072500092

American LegalNet, Inc www USCourtForms com

FORM B10 (Official Form 10) (10/05)

Name of Dublor USA Commercial Mortgage Company NoTIF This form should not be used to make a claim for an administrative expense arong after the communication of the circ. A request for payment of an administrative expense arong after the communication of the circ. A request for payment of an administrative expense may be filled parasant to 11 USC § 508 Name of Creditor (The person or other entity to whom the dublor ower-gaptes, AFG300M, A	UNITED STATES BANKRUPTCY COURT		Diezpi	T ()	Marianta		
NOTE: This form should not be used to make a claim for an administrative expense among after the communication of the Use: A request for payment of an administrative expense may be filed persuant to 11 US C § 500. Name of Creditor (The person or other entity to whom the other own-control of the California of the Use: A request for payment of an administrative expense may be filed persuant to 11 US C § 500. Communication of Creditor (The person or other entity to whom the other control of the California of the	Name of D by					PROOF OF CLAIM	
Amount of Ordiner (The person or other entity to whom the dubtor ower, proxy ye properly worship of the person or other entity to whom the dubtor ower, proxy ye properly worship of the person or other entity to whom the dubtor ower, proxy ye properly worship of the person or other states of the person of the third of proxy ye claim stocy of statement giving parts. Units of the person of the bankruptcy court in this case. Check hose if you have never received any notices from the bankruptcy court in this case. The person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the bankruptcy court in the case of the person of the person of the person of the pe							
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Marsha Kendall, Trustee 6615 E Pacific Coast Hwy #260 Long Beach CA 90803-4228 Telephone number by #260 Long Beach CA 90803-4228 Telephone number by #260 Long Beach CA 90803-4228 Tins Start's Fox Coord Introduction of Claim Fig. 10 and Fig. 10 an	dchlor owes moncy or property) David A Gean Revocable Trust date c/o Marsha Kendall Trustee	n the d 4/3/92	else has i your clai giving pa	iled a p m Atta rticulars	to		
Last four digits of account or other number by which creditor identifies debtor iden	Marsha Kendall, Trustee 6615 E Pacific Coast Hwy #260 Long Beach CA 90803-4228		notices from case Check be	om the	bankruptcy court in a address differs from (this	
Bass for Claim Bass for Claim Bass for Claim Bass for Claim Goods sold Services performed Goods sold Services performed Personal injury/wrongful death Taxes see exhibit "A" Wages salaries and compensation (fill out below) Last four digits of your \$S # Unpard compensation for services performed Unpard compensation (Interest performed Unpard compensation for services performed Unpard compensatio	Telephone number 562-430-3167		the court	ii tiic cii		'	THIS SEACE IS FOR COURT USE ONLY
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes see exhibit "A" 2 Date debt was incurred August 2004 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed services between the proportion of the claim at the time case filed services by your claim seed to rimportant explanations Unsecured Nonpriority Claim Check this box if a) there is no collateral or len securing your claim, or only part of your claim seeded to priority Check this box if you have an unsecured claim all or part of which is emitted to priority Check this box if you have an unsecured claim all or part of which is emitted to priority Amount entitled to priority Amount entitled to priority Amount entitled to priority Wages salanes, or commissions (up to \$10 000),* camed within 180 Wages salanes, or commissions (up to \$10 000),* camed within 180 Wages salanes, or commissions (up to \$10 000),* camed within 180 Other Specify the priority of the claim Wages salanes, or commissions (up to \$10 000),* camed within 180 Other Specify the priority of the claim Contributions to an employee benefit plan - 11 U S C \$507(a)(1)(A) or or case whichever is earlier 11 U S C \$907(a)(4) Taxes or penalties owed to governmental units - 11 U S C \$507(a)(5) Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim or affect the debtors Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach time includes interest or other charges in addition to the principal amount of the claim Attach time includes interest or other charges in addition to the principal amount of the claim Attach time includes interest or other charges and includes interest or other person and aution of the principal and the file documents are voluminous, attach a summary Sup	Last four digits of account or other number by which identifies debtor	creditor			•	y filed c	laım dated 11/12/06
4. Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 255,892.98 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(7)(B) Wages salaries, or commissions (up to \$10.000),* earned within 180 days before filling of the bankruplety petition or cessation of the debtor's business whichever is earlier 11 U.S.C. \$ 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(5) Check this box if your claim is secured by collateral (including a right of setoff) Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(3)(1)(B) Wages salaries, or commissions (up to \$10.000),* earned within 180 of the bankruplety petition or cessation of the debtor's business whichever is earlier 11 U.S.C. \$ 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(5) Check this box if claim at Time Case Filed (included in secure of the priority of services for personal family or household use - 11 U.S.C. \$ 507(a)(8) Check this box if claim includes interest or other charges in addition to the principal amount of the claim and the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment of the interest or additional charges Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all payments on this c	Goods sold Services performed Money loaned Personal injury/wrongful death Taxes			Wages Last for Unpar	s salaries and compour digits of your SS digits of your SS digits of compensation for	ensation S #	n (fill out below) performed
Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if your claim is secured by collateral (including arghit of setoff) Part of your claim is secured by collateral (including arghit of setoff) Part of your claim is secured by collateral (including arghit of setoff) Part of your claim is secured by collateral (including arghit of setoff) Part of your claim is secured by collateral (including arghit of setoff) Part of Collateral Motor Vehicle Other Value of Collateral Value of Collateral (including arghit of setoff) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 US C \$507(a)(8) Other - Specify applicable paragraph of 11 US C \$507(a)(8) Other - Specify	2 Date debt was incurred August 2004		3 If c	ourt ju	dgment, date obtai	ined	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). USA CMC USA CMC	Unsecured Nonpriority Claim \$ 255,892 98 Check this box if a) there is no collateral or lies b) your claim exceeds the value of the property secure only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim entitled to priority Amount entitled to priority \$	n securing your cla ing it or if c) none all or part of which (07(a)(1)(A) or fearned within 180 on of the debtor's	Up to or ser \$ 507 Taxes Other *Amounts with r.	Chec ght of s Brief R Value ount of lired cla \$2 225 vices fo (a)(7) or pena - Specificare subjection	Claim Sk this box if your classetoff) F Description of Collateral Set Mose of Collateral Set arrearage and other carrearage and other of the collateral set of deposits toward or personal family of applicable paragragiect to adjustment on the collateral set of cases commenced of the collateral set of the c	ateral tor Vehic Unknow charges a 3 43 purchas r househ aph of 11	cured by collateral (including cle Other————————————————————————————————————
making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-date 9 Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 19-2007 USA CMC	Check this box if claim includes interest or other contracts or additional charges		(unsection to the principle)	ured) ipal am	(secured) ount of the claim Ai	(pnon ttach iter	ty) (Total) mized statement of all
Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) USA CMC	The amount of all payments on this cl	aim has been credi	ited and ded	ucted fo	or the purpose of	THIS S	SPACE IS FOR COURT USE ONLY
1-9-2007 Malla Kendall Mules	7 Supporting Documents Attach copies of supporting orders invoices itemized statements of running acc agreements and evidence of perfection of lien. Discounded and account are not available explain. If the documents are not available explain. To receive an acknowledge addressed envelope and copy of this proof of claim. Date Sign and print the name and trill.	O NOT SEND OR ents are voluminous ment of the filing of the filing of the cross of	COURT JUDGEMER IGINAL DUS, attach a s	ents, mo OCUM ummary enclos	rtgages security ENTS If the / e a stamped self-		
	1-9-2007 Maula Kund	400 i altorney, 1	any)				USA CMC
	Penalty for presenting fraudulent claim. Fine of up to	\$500 000 or impris	sonment for	up to 5	years or both 18 U	sc "	1072502006

Case 06-10725-dwz Doc 8493	-3 En	tered 06/17/11 17:	2:07 Page 7 of 12		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS		
Name of Debtor	Case Nur	nher	Schedule/Claim ID s31820		
			Amount/Classification		
USA Commercial Mortgage Company	06-107	25-LBR	\$12 951 80 Unsecured		
Image: display the filed pursuant to 11 U S C § 503 Image: display the filed pursuan		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.		
Creditor Telephone Number ()		court	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies	debtor	Check here replain or fithis claim amer	a previously filed claim dated		
1 BASIS FOR CLAIM	Retires h	enefits as defined in 11 U S			
Goods sold Personal injury/wrongful death		calaries and compensation			
Services performed Taxes		digits of your SS #	(fill out below)		
Money loaned Other (describe briefly) SEE ATTACHED		ompensation for services pe			
2 DATE DEBT WAS INCURRED 8-17-2004	3 JE CO	OURT JUDGMENT, DATE O	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that					
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ 750,000 @ Check this box if a) there is no collateral or lien securifing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to pnonty	your claim ur claim is		our claim is secured by collateral (including		
UNSECURED PRIORITY CLAIM			Motor Vehicle Other		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$		}			
		secured claim if any	nd other charges <u>at time case filed</u> included in		
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			•		
Wages salaries or commissions (up to \$10 000) earned within \$80 days			ard purchase lease or rental of property or or household use 11 U.S.C. § 507(a)(7)		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units 11 U S C § 507(a)(8)		
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para	agraph of 11 U S C § 507(a) ()		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 750,000,00 \$	750,00		\$ 750,000 . 30		
AT TIME CASE FILED (unsecured)		ecured)	(priority) (Total)		
Check this box if claim includes interest or other charges in addition to the	,	•	** **		
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain If the 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	cuments, su agreement documents	ch as promissory notes, pur is and evidence of perfectio are voluminous attach a su	chase orders invoices, itemized statements of in of lien DO NOT SEND ORIGINAL ummary		
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5 00 pm					
for each person or entity (including individuals, partnerships,			and		
governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO					
Attn USACM Claims Docketing Center P O Box 911 Attn USACM Claims Docketing Center USA CMC 1330 East Franklin Avenue					
El Segundo, CA 90245-0911		lo CA 90245			
DATE SIGN and print the name and title if any of the		other person authorized to file	1072502334		
1-12-07 When The factor E	RVEN	T. NELSON	ATTOENEY		

DISTRICT OF NEVADA	PRC	OF OF CLAIMS	4.4			
DISTRICT CT NEVADA			YOUR CLA	NM IS SCHEDULED AS		
Name of Debtor	Case Nu	Case Number		s32661		
USA Commercial Mortgage Company				tion		
OSA Commercial Mortgage Company	00-107	ZJ*LDN	\$25 903 59 Unsec	ured - We dipute		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>			ured - We dispate this #		
This form should not be used to make a claim for an administrative ex	pense	Check box if you are	100			
arising after the commencement of the case. A request for payment	of an	aware that anyone else has filed a proof of claim relating	}			
Name of Creditor and Address		to your claim. Attach copy of		ted above constitute your claim as ebtor or pursuant to a filed claim. If		
113212400	000201	statement giving particulars	you agree with the	amounts set forth herein and have no the Debtor you do not need to file		
TODD DAVIS	- [Check box if you have never received any notices		EXCEPT as stated below		
360 W. 55th St Apt 1G	1	from the bankruptcy court or		own above are listed as Contingent		
New York, NY 10019	ŀ	BMC Group in this case	filed	sputed, a proof of claim must be		
	}	Check box if this address differs from the address on the		ady filed a proof of claim with the		
		envelope sent to you by the court	l .	or BMC you do not need to file again		
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	debtor			E IS FOR COURT USE ONLY		
4670 3941	debio	Check here repla	 a previously 	filed claim dated		
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
Goods sold Personal injury/wrongful death		salaries and compensation		Δ		
Services performed Taxes		digits of your SS #		Other claims against servicer (not for loan balances)		
Money loaned Other (describe briefly) SEE ATTACHED	Unpaid co	ompensation for services pe	erformed from	_ to		
2 DATE DEST WAS INCURRED	3 IF C0	OURT JUDGMENT, DATE O	DBTAINED	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed		
See reverse side for important explanations		SECURED CLAIM				
UNSECURED NONPRIORITY CLAIM \$ 575,000.00			our claim is secui	red by collateral (including		
Check this box if a) there is no collateral or flen securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim ur claim is	a right of setoff)				
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	f collateral			
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other		
entitled to priority		Value of Collateral \$ UNKNOWN				
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in		
Specify the priority of the claim	_	secured claim if any	\$ 975,86	0.00		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward services for personal family of				
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	[7]	Taxes or penalties owed to go		T 1717		
business whichever is earlier 11 U S C § 507(a)(4)	ŏ	Other Specify applicable part		- ' ' ' '		
Contributions to an employee benefit plan 11 USC § 507(a)(5)	_	* Amounts are subject to adjus				
5 TOTAL AMOUNT OF CLAIM \$ 575,000.00 \$	575.	with respect to cases commer	iced on or after the c	\$ 575,000 .00		
AT TIME CASE FILED (unsecured)		ecured)	(pnority)	(Total)		
Check this box if claim includes interest or other charges in addition to t	ι-	,	,	, ,		
6 CREDITS The amount of all payments on this claim has been cre	edited and c	deducted for the purpose of	making this proof	of claim		
7 SUPPORTING DOCUMENTS Attach copies of supporting doc	<i>uments,</i> su	ch as promissory notes pui	rchase orders inv	oices itemized statements of		
running accounts, contracts court judgments, mortgages security DOCUMENTS If the documents are not available, explain. If the	agreement	s, and evidence of perfection	n of Iren DO NO	OT SEND ORIGINAL		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this		
The original of this completed proof of claim form must be se	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT		
ACCEPTED) so that it is actually received on or before 5 00 pr				USE ONLY		
for each person or entity (including individuals, partnerships, governmental units)	•		Į			
BMC Group	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO UP	,			
BMC Group Attn USACM Claims Docketing Center P O Box 911 BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue FILED JAN 1 3 2007						
El Segundo CA 90245 0911		to CA 90245	1 11-			
DATE SIGN and print the name and title if any of the			1602	USA CMC		
1-12-07 When Thelson, att	ney ii ariy)	GRVEN T. ME	LXM)	1072502330		
1 10-01	my	<u></u>	I POK ME Y			

UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM				
Name of Debtor USA Commercial Mortgage Company	me of Dehtor USA Commercial Mortgage Company Case Number 06-10725-LBR					
NOTI: This form should not be used to make a claim for an administrative expense material to the case. A 'request for payment of an administrative expense materials and the case is a claim for an administrative expense materials.						
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Denise F Fager, Trustee of the Denise F Fager Revocable Trust UAD 2/28/03	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any					
Name and address where notices should be sent Denise F Fager 5 Salvatore Ladera Ranch CA 92694	notices from the bankruptcy court in this case. Check box if the address differs from the					
Telephone number 949-218-8290	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor	Check here if this claim	ed claim dated, 11/06				
1 Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in I Wages salaries, and compensa Last four digits of your SS # _ Unpaid compensation for serv fromt (date)	ation (fill out below)				
2. Date debt was incurred March 2001	3. If court judgment, date obtained					
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Unsecured Nonpriority Claims \$ 663,782 03 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority \$\) Entitled to priority \$\) Specify the priority of the claim Domestic support obligations under \$11 U S C \(\frac{1}{2} \) \$507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000) * earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier \$11 U S C \(\frac{2}{2} \) \$507(a)(4) Contributions to an employee benefit plan - 11 U S C \(\frac{2}{2} \) \$507(a)(5)						
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in add	\$ 663,782 02 663,782,03 (unaccured) (secured) (ption to the principal amount of the claim. Attack	priority) (Total)				
interest of auditional charges.						
making this proof of claim 7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any of the file this claim (attach copy of power of attoring the support of the file this claim (attach copy of power of attoring the supporting the supporting the supporting the supporting the supporting documents.	nts such as promissory notes, purchase its court judgments, mortgages, security ORIGINAL DOCUMENTS If the innous, attach a summary ing of your claim, enclose a stamped, self-e-creditor or other person authorized to	THIS SINCE IS FOR COURT USE ONLY				
Penalty for presenting fraudulent claim Fine of up to \$500,000 or	Musler 1911	USA CMC 1072502356				

Penalty for presenting fraudulent claim Fine of up to \$500,000 or impresonment for up to 5 years, or both 18 U

FORM B10 (Official Form 10) (10/05)		
UNHID STATES BANKRUPICY COURT	District of Nevada	PROOF OF CLAIM
Name of Debtor	Case Number	
USA COMMERCIAL MORTEAGE CE		
NOTE This form should not be used to make a claim for an administrative expense ma	strative expense arising after the commencement ay be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone else has filed a proof of claim relating to	
FREDA NEWMAN, TRUSTER	your claim Attach copy of statement	
FEBURINAN TRUST 1/20/84	giving particulars (Theck box if you have never received any	
Name and address where notices should be sent FROOA NEW MAN	notices from the bankruptcy court in this	
The state of the s		
70 25 67 5 500 DR 5000 10 85%. Telephone number 928 282 5466	address on the envelope sent to you by the court	THIS SIMCL IS FOR COURT USE ON
Last four digits of account or other number by which creditor	Check here replaces	led claim dated
ideatifies debtor	the same of the sa	
1. Basis for Claim Goods sold	Retiree benefits as defined in Wages salaries and compens	
Services performed	Last four digits of your SS #	APPARAMENT AND THE PROPERTY OF
Money loaned Personal mury/wrongful death	Unpaid compensation for ser from	·
Taxes Other	(date)	(date)
2. Date debt was incurred	3. If court judgment, date obtained	d
OCTOBER 29 2003		
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.		t of the claim at the time case fit
Unsecured Nonpriority Claim SLINE 4 OF EX A	Secured Claim	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	is secured by collateral (including
Unsecured Priority Claim	Brief Description of Collater Real Estate Motor	
Check this box if you have an unsecured claim all or part of v	which is Value of Collateral \$ DA	
i chilled to prierry	Amount of arrearage and other cha	
Amount entitled to priority \$	secured claim, if any \$LINE	
Specify the priority of the claim	Up to \$2 225* of deposits toward pu or services for personal family or he	irchase lease or rental of proper ousehold use - 11 U.S.C.
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)	s 507(a)(7)	
Wages salaries or commissions (up to \$10,000),* earned within	Taxes or penalties owed to governme	
days before filing of the bar kruptcy petition or cessation of the debte business whichever is earner 11 USC § 507(a)(4)	Other - Specify applicable paragraph *Amounts are subject to adjustment on 4/	
Contributions to an employee benefit plan - 11 USC § 507(a		or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	LNYEXA LNYEXA	LNYEXA
Check this box if claim includes interest or other charges in add interest or additional charges	(unscound) (secured) (dition to the principal amount of the claim. Attached	(priority) (Total) ch itemized statement of all
 Credits The amount of all payments on this claim has been making this proof of claim 	credited and deducted for the purpose of	THIS SPACE IS HIR CERRIT USE OHE
7 Supporting Documents Attach copies of supporting docume	ents such as promissory note, purchase	
orders invoices itemized statements of running accounts contra	icl's court automents morrospes secures.	
agreements, and evidence of perfection of item DO NOT SENI documents are not available explain. If the documents are voluments		EB 1341 4 2007
8 Date-Stamped Copy To receive an acknowledgment of the fill	ling of your claim, enclose a stamped self-	FD JAN TI ZUU/
Sign and print the name and trile if any of it	they if any arrow A A Count And	
2007 Meda hewman.	TRUSTEE	
		USA CMC

Case 06-10725-gwz Doc 8493-3		OF OF CLAIM	2:07 Pag	e 11 of 12
				1
Name of Debtor	Case Nun	nber		
USA Commercial Mortgage Company	06-107			
Total Commercial Montgage Company	00-107	ES-EDIX		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative explansing after the commencement of the case. A "request" for payment of	ense	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU	B BEING SERVICED BY THE DO <u>MOT</u> HAVE TO FILE A PROOF
11321242035473	3	Check box if you have	OF CLAIM THIS	INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
GLADSTONE-KATZ, GALE - TRUSTEE 1320 NORTH STREET		never received any notices		
#29		from the bankruptcy court or BMC Group in this case	SECURED INTE	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
SANTA ROSA CA 95404		Check box if this address	ONE OF THE DE	
CALE GLADSTONE-KATZREVOCABLE TR	eur	differs from the address on the envelope sent to you by the	π you nave air Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (187)-511-2012		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor	Check here replace	es	
211		of this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		alaries, and compensation (f		Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid co	mpensation for services per	formed from	to
2. DATE DEBT WAS INCURRED /2-//-2 002	10 := 00			(date) (date)
2. DATE DEBT WAS INCURRED / 2-/6-2002 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	URT JUDGMENT, DATE O	BTAINED	ha time cone filed
I See reverse side for important evolunations		SECURED CLAIM	int of the class at t	and thing case fred.
UNSECURED NONPRIORITY CLAIM \$ 677.059			ur claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it, or if c) none or only part of you	your claim ur claim is	a right of setoff)	ui viaiiii is soca	and by container at (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ 11uk	NOWN
Amount entitled to pnority \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any \$	10,475	140
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	d purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family or Taxes or penalties owed to gov		
business whichever is earlier - 11 U S C § 507(a)(4)	H	Other - Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust	ment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ / 17 0 CQ . 0 C \$ /	2100	with respect to cases commend	ed on or after the	date of adjustment
AT TIME CASE FILED (unsecured)	1405	9,03 \$	/ prost /	\$ 677,059.05
Check this box if claim includes interest or other charges in addition to the	•	,	(priority) nized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credi				•
7 SUPPORTING DOCUMENTS Attach copies of supporting documents.	ments, suc	h as promissory notes injurch	naca omlare inv	Nose stammed statements of
running accounts, contracts, court judgments, mortgages, security as DOCUMENTS If the documents are not available, explain. If the do	oreements.	AND AVIDANCE OF PARTACTION (Դքիատ D()N(∩	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the				envelope and copy of this
proof of claim				civolopo and copy of this
The original of this completed proof of claim form must be sent	by mail or	hand delivered (FAXES NO	DT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailing orporations	гаспіс time, on Novembe s, joint ventures, trusts and	r 13, 2006	USE ONLY
governmental units) By MAIL TO		R OVERNIGHT DELIVERY TO		USA CMC
BMC Group	BMC Group)		
P O Box 911		M Claims Docketing Center Franklin Avenue	ı	1072502277
	El Segundo			Prit man
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorne	creditor or o	mer person authorized to file - -LE SLAIK TOWE-KAT	2 Revocas	FILED JAN 12 200
111100	CAIR	EGLANCTIALE -	MATT	,

Penalty for presenting fraudulent claim is the of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES BANKRUPTCY COURT	Drs	TRICT OF	NEVADA	A	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.	ne of Debtor USA COMMERCIAL MORTGAGE Co. Case Number 06-10725			THOU OF OBLINE	
NOTE. This form should not be used to make a claim for an administrative expense material control of the case. A request for payment of an administrative expense materials.				ncement	
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST dtd 10/26/78	cise you givi	has filed a r claim Ati ng particula		ating to	
Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	note case	ces from th ck box if th	ou have never receive bankruptcy countries differs for envelope sent to y	rt in this	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor identifies debtor	Che	ck here [nously filed	claim dated
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes Other ☐ NEGLICENCE + FRAUD	ecure d 4	☐ Waq Las Ung	ges, salaries and t four digits of your paid compensation	compensation SS # on for service	
2. Date debt was incurred JAN 1, 2005 To APRIL 12, 2006	3.	If court	judgment, date	obtained-	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	which is or in 180 cor in 180 cor a)(5)	Secured Cranght of a right of a right of a right of the secured of secured Up to \$2 § 507(a)(Taxes or products are with respectively.	theck this box if your factor of setoff) The Description of least Estate alue of Collateral to farrearage and claim, if any \$_225* of deposits to for personal, fair for personal, fair for personal to the set for persona	f Collateral Motor Ve S other charge oward purclimity, or house government paragraph o	elucie Other————————————————————————————————————
 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional charges. 	***	503 (unscound e principal	f) (secure		503808 nonty) (Total) itemzed statement of all
 Credits: The amount of all payments on this claim has been making this proof of claim Supporting Documents. Attach copies of supporting documents invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain if the documents are volu. Date-Stamped Copy. To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. 	nents, such acts, court ND ORIGII Iminous, at	as promiss judgments VAL DOC tach a sum:	cory notes, purcha , mortgages, secur TUMENTS If the mary	se rity	D DEC 07 2006
Date Sign and print the name and title if any of file this claim (attach copy of power of attom 12/7/04 Rosent C. Le Pom E. A Penalty for preventing fraudulent claim. Fine of up to \$500 000 or	mey if any 4774 F	BA	R#1980 LAIMAN	7	USA CMC 1072501541